MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. 3062 Registration District No. . DO NOT WRITE AMENDED ON THIS STUB 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATEMISS ouri b. COUNTY Montgomery VS 300 AMENDED admission) Audrain Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN Montgomery City TOWN Mexico Yes A No I c. FULL NAME OF (If NOT in hospital, give location) Inside Limite (If cutside, give location) Reside on Farm HOSPITAL OR INSTITUTION Yes 😭 No 🗆 Audrain County Hospital Yes 🗆 No 🛣 ai 3. NAME OF DECEASED First Middle Last 4. DATE Month Year (Type or print) February 15, 1963 Otto Washington DEATH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE Never Married | 8. DATE OF BIRTH Divorced | X | 10-7-1893 7. Married 🔲 69 Widowed □ Male Colored 3 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY Section Laborer (Retired) Montgomery City, Mo. USA Railroad 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE None Arthur Washington Lillie Howard IA SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT Address Montgomery City, Mo. Duncan Jenninas 18. CAUSE OF DEATH (Enter only one cause p INTERVAL BETWEEN DOCUMENT PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE CAUSE (a) Ö 11 NSTEAD Conditions, if any, which gave rise to above cause (a), lying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal female was disease condition given in PART I (a) there a pregnancy in last 90 days. ☐ Yes □ No ☐ Unknown 19. WAS AUTOPSY PERFORMED? YES XOO HOMICIDE 20a. ACCIDENT SUICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Month, Day, Year 20c. TIME OF Hou INJURY 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK AND WHILE AT WORK READ and last saw him alive on. 21. I attended the deceased from 12-19 Death occurred at 2-15-63 _m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD 22c. DATE SIGNED 22b. ADDRESS 22a, SIGNATURE (Degree or title) ME and lumer -23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, 23b. DATE AFFIDA g REMOVAL (Specify) Montgomery City Cemetery | Montgomery City, Missouri Burial DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE

Montgomery City

24. FUNERAL DIRECTOR

Schlanker Funeral Home

(Licensed Embaimer's Statement on Reverse Side)

E361 22 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded o	Student Embalmer No.
working under my personal supervision.	B land
Student Sign	ed a loon thelann
Signature of Student Embalmer	
	Licensed Embalmer No. 4/36
	P. O. Address Hout gomeny lety, Me
Note: The above MUST BE SIGNED BY THE LICENSED E	MBALMER in his OWN HANDWRITING. Mailure to comply
with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN If this body is not embalmed, fact should be so stated above	handwriting.

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